

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF WISCONSIN

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **GAI Vape, LLC**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

**DBA Vape 108**

3. Debtor's federal Employer Identification Number (EIN) **83-3503153**

4. Debtor's address Principal place of business

**1475 S. 108th St  
Milwaukee, WI 53214**

Number, Street, City, State & ZIP Code

**Milwaukee**  
County

Mailing address, if different from principal place of business

**11127 N WESTON DR  
#209  
Thiensville, WI 53092**

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **<https://vape108.com/>**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

## 7. Describe debtor's business

## A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

## Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<b>See Attachment</b>	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **GAI Vape, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

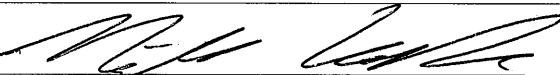
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/09/2023  
MM / DD / YYYY

X   
Signature of authorized representative of debtor  
Title Manager

**Hunter G. Arms**  
Printed name

**18. Signature of attorney**

X   
Signature of attorney for debtor

Date 06/09/2023  
MM / DD / YYYY

**Nicholas W. Kerkman**  
Printed name

**Kerkman & Dunn**  
Firm name

**839 N. Jefferson St., Ste. 400**  
**Milwaukee, WI 53202-3744**  
Number, Street, City, State & ZIP Code

Contact phone 414-277-8200

Email address nkerkman@kerkmandunn.com

**1104527 WI**  
Bar number and State

Debtor **GAI Vape, LLC**  
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:  
EASTERN DISTRICT OF WISCONSIN

Case number (if known) Chapter **11**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION  
Pending Bankruptcy Cases Attachment

Debtor	<b>GAI Remodeling, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Eastern District of Wisconsin Bankruptcy Court</b>	When	
Debtor	<b>Hunter Arms and William Gehrke</b>	Relationship to you	<b>Members</b>
District	<b>Eastern District of Wisconsin Bankruptcy Court</b>	When	

**GAI Vape LLC**  
**Comparative Statement of Revenues and Expenses**

	1 Month Ended 4/30/2023	%	1 Month Ended 4/30/2022	%	4 Months Ended 4/30/2023	%	4 Months Ended 4/30/2022	%
<b>Sales</b>								
302 - Sales	\$70,736.18	101.09%	\$79,139.61	101.31%	\$304,737.18	101.08%	\$298,384.77	101.39%
398 - Sales Returns or Discounts or Allowances	(764.81)	(1.09)	(1,020.10)	(1.31)	(3,246.87)	(1.08)	(4,084.65)	(1.39)
<b>Total Sales</b>	<u>69,971.37</u>	<u>100.00</u>	<u>78,119.51</u>	<u>100.00</u>	<u>301,490.31</u>	<u>100.00</u>	<u>294,300.12</u>	<u>100.00</u>
<b>Cost of Goods Sold</b>								
402 - Purchases	33,234.03	47.50	31,547.89	40.38	114,662.45	38.03	120,355.46	40.90
<b>Total Cost of Goods Sold</b>	<u>33,234.03</u>	<u>47.50</u>	<u>31,547.89</u>	<u>40.38</u>	<u>114,662.45</u>	<u>38.03</u>	<u>120,355.46</u>	<u>40.90</u>
<b>Gross Profit</b>	<u>36,737.34</u>	<u>52.50</u>	<u>46,571.62</u>	<u>59.62</u>	<u>186,827.86</u>	<u>61.97</u>	<u>173,944.66</u>	<u>59.10</u>
<b>Operating Expenses</b>								
508 - Management Fees	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00	6.80
509 - Contracted Services	0.00	0.00	750.00	0.96	0.00	0.00	3,517.30	1.20
512 - Freight & Postage	69.99	0.10	67.99	0.09	302.92	0.10	243.75	0.08
515 - Gross Wages	13,047.63	18.65	13,198.32	16.90	54,255.52	18.00	46,985.16	15.97
520 - Rent	2,792.17	3.99	2,753.97	3.53	11,534.06	3.83	10,903.56	3.70
526 - Utilities	864.91	1.24	844.48	1.08	2,934.42	0.97	3,144.06	1.07
529 - Telephone	0.00	0.00	102.68	0.13	248.07	0.08	410.67	0.14
530 - Repairs & Maintenance	210.27	0.30	208.27	0.27	600.54	0.20	1,011.79	0.34
534 - Advertising & Promotion	71.91	0.10	68.14	0.09	285.25	0.09	782.28	0.27
535 - Insurance	896.66	1.28	1,524.17	1.95	10,028.32	3.33	10,783.08	3.66
539 - Meals	0.00	0.00	381.64	0.49	0.00	0.00	811.25	0.28
540 - Property Taxes	0.00	0.00	0.00	0.00	350.07	0.12	457.40	0.16
542 - FICA Tax	998.17	1.43	1,009.67	1.29	4,150.59	1.38	3,594.38	1.22
543 - Unemployment Tax	21.38	0.03	30.45	0.04	236.57	0.08	282.27	0.10
550 - Interest	2,845.08	4.07	2,130.98	2.73	14,937.72	4.95	8,799.20	2.99
552 - Vehicle Expenses	0.00	0.00	26.36	0.03	83.28	0.03	26.36	0.01
553 - Vehicle Lease	775.75	1.11	1,181.87	1.51	3,103.00	1.03	4,727.48	1.61
564 - Legal & Accounting	2,375.15	3.39	1,796.93	2.30	9,117.45	3.02	6,909.13	2.35
566 - Office Expense	1,772.12	2.53	695.35	0.89	2,966.59	0.98	2,626.78	0.89
568 - Bank & Credit Card Fees	1,541.60	2.20	1,395.17	1.79	6,041.26	2.00	5,451.44	1.85
574 - Amortization	1,875.23	2.68	1,875.23	2.40	7,500.92	2.49	7,500.92	2.55
<b>Total Operating Expenses</b>	<u>30,158.02</u>	<u>43.10</u>	<u>30,041.67</u>	<u>38.46</u>	<u>128,676.55</u>	<u>42.68</u>	<u>138,968.26</u>	<u>47.22</u>
<b>Net Income (Loss)</b>	<u>\$6,579.32</u>	<u>9.40</u>	<u>\$16,529.95</u>	<u>21.16</u>	<u>\$58,151.31</u>	<u>19.29</u>	<u>\$34,976.40</u>	<u>11.88</u>

See Accountants' Compilation Report

**GAI Vape LLC**  
**Statement of Assets, Liabilities and Equity**  
**Year Ended December 31, 2022**

**ASSETS**

**Current Assets**

101 - Cash On Hand	\$ 10,111.78	
102 - TriCity Checking - #0025	33,113.28	
103 - TriCity Checking - #0017	8,601.80	
125 - Inventory	<u>83,171.65</u>	
<b>Total Current Assets</b>		134,998.51

**Fixed Assets**

146 - Fixtures and Equipment	13,223.21	
149 - Accumulated Depreciation	<u>(13,223.21)</u>	
<b>Total Fixed Assets</b>		<u>0.00</u>

**Other Assets**

183 - Security Deposits	1,488.00	
187 - Goodwill	310,000.00	
188 - Start-up Expenses	27,541.42	
189 - Less: Amortization	<u>(80,829.34)</u>	
<b>Total Other Assets</b>		<u>258,200.08</u>

<b>Total Assets</b>	<u><u>\$ 393,198.59</u></u>	
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**LIABILITIES**

**Current Liabilities**

207 - Gift Cards	\$ 1,159.60	
210 - Note Payable - Current	35,000.00	
214 - Note Payable - Loan Builder	16,644.44	
218 - Credit Card Payable - Chase	22,570.94	
219 - Credit Card Payable - American Express	68,762.27	
236 - Sales Tax Payable	4,607.47	
237 - Expo/Stadium Tax Payable	<u>4.66</u>	
<b>Total Current Liabilities</b>		<u>148,749.38</u>

**Long-Term Liabilities**

264 - Note Payable - Byline Bank	272,652.76	
265 - Note Payable - JM&M Products LLC	11,107.27	
277 - Less: Note Payable - Current	<u>(35,000.00)</u>	
<b>Total Long-Term Liabilities</b>		<u>248,760.03</u>

<b>Total Liabilities</b>	397,509.41	
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**EQUITY**

**Equity**

286 - Capital	98,262.66	
290 - Drawing	(199,244.82)	
Net Profit/(Loss)	<u>96,671.34</u>	
<b>Total Stockholders' Equity</b>		<u>(4,310.82)</u>

<b>Total Liabilities and Stockholders' Equity</b>	<u><u>\$ 393,198.59</u></u>	
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See Accountants' Compilation Report

**GAI Vape LLC**  
**Statement of Revenues and Expenses**

	Year Ended December 31, 2022	%
<b>Sales</b>		
302 - Sales	\$938,154.66	101.37%
398 - Sales Returns or Discounts or Allowances	(12,680.94)	(1.37)
<b>Total Sales</b>	<u>925,473.72</u>	<u>100.00</u>
<b>Cost of Goods Sold</b>		
402 - Purchases	<u>409,210.52</u>	<u>44.22</u>
<b>Total Cost of Goods Sold</b>	<u>409,210.52</u>	<u>44.22</u>
<b>Gross Profit</b>	516,263.20	55.78
<b>Operating Expenses</b>		
508 - Management Fees	37,500.00	4.05
509 - Contracted Services	5,644.99	0.61
512 - Freight & Postage	928.71	0.10
515 - Gross Wages	167,386.60	18.09
520 - Rent	32,935.32	3.56
526 - Utilities	8,698.82	0.94
529 - Telephone	1,342.15	0.15
530 - Repairs & Maintenance	3,493.99	0.38
534 - Advertising & Promotion	2,644.05	0.29
535 - Insurance	28,969.50	3.13
537 - Officer's Life Insurance	441.08	0.05
538 - Travel & Lodging	1,826.40	0.20
539 - Meals	1,858.92	0.20
540 - Property Taxes	457.40	0.05
542 - FICA Tax	11,315.45	1.22
543 - Unemployment Tax	1,828.55	0.20
550 - Interest	28,875.13	3.12
552 - Vehicle Expenses	513.67	0.06
553 - Vehicle Lease	10,933.48	1.18
564 - Legal & Accounting	23,985.48	2.59
566 - Office Expense	7,868.96	0.85
568 - Bank & Credit Card Fees	17,640.45	1.91
574 - Amortization	<u>22,502.76</u>	<u>2.43</u>
<b>Total Operating Expenses</b>	<u>419,591.86</u>	<u>45.34</u>
<b>Net Income (Loss)</b>	<u><u>\$96,671.34</u></u>	<u><u>10.45</u></u>

See Accountants' Compilation Report



## **Filing Instructions**

### **GAI Vape LLC**

#### **Form 8879-PE - IRS *e-file* Signature Authorization for Form 1065**

**Taxable Year Ended December 31, 2022**

**Date Due:** March 15, 2023

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** You are using the Personal Identification Number (PIN) for signing your return electronically. A limited liability company member should sign and date Form 8879-PE, IRS *e-file* Signature Authorization for Form 1065 and mail it as soon as possible to:

EWB SMALL BUSINESS ACCOUNTING S.C.  
20670 WATERTOWN ROAD, SUITE 1040  
WAUKESHA, WI 53186

The form must be signed and returned before the electronic file can be transmitted to the IRS.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If a paper copy of Form 1065 is mailed to the IRS it will delay processing of the return.

Form **8879-PE****E-file Authorization for Form 1065**

OMB No. 1545-0123

(For return of partnership income or administrative adjustment request)

**ERO must obtain and retain completed Form 8879-PE.****Go to [www.irs.gov/Form8879PE](http://www.irs.gov/Form8879PE) for the latest information.****2022**Department of the Treasury  
Internal Revenue Service

For calendar year 2022, or tax year beginning

, and ending

Name of partnership

Employer identification number

GAI VAPE LLC

83-3503153

**Part I Form 1065 Information (Whole dollars only)**

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	925,474
2	Gross profit (Form 1065, line 3)	2	516,263
3	Ordinary business income (loss) (Form 1065, line 22)	3	97,112
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

**Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative**

I declare under penalties of perjury that:

- 1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.
- b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.
2. I have examined a copy of the partnership's electronic Form 1065 (whether used as a return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.
3. I am fully authorized to sign the return or AAR on behalf of the partnership.
4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.
5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return or AAR.
6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

**Partner or Member or PR PIN: check one box only**

☒ I authorize EWB SMALL BUSINESS ACCOUNTING S.C. to enter my PIN 03153 as my signature  
ERO firm name Don't enter all zeros  
 on the partnership's 2022 electronically filed return of partnership income or AAR.

☐ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2022 electronically filed return of partnership income or AAR.

Partner or Member or PR signature:

Title: LLC MEMBERWILLIAM GEHRKEDate: 02/19/23**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 39948230512  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: SIERRA HODSONDate: 02/19/23

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2022)

Employer Identification Number

83-3503153

Title	Attachment Source	Proforma
PARTNERSHIP SECTION 199A INFORMATION WRK	(AUTOMATICALLY ATTACHED)	N/A

<b>Form 1065</b> Department of the Treasury Internal Revenue Service		<b>U.S. Return of Partnership Income</b> For calendar year 2022, or tax year beginning _____, ending _____ Go to <a href="http://www.irs.gov/Form1065">www.irs.gov/Form1065</a> for instructions and the latest information.		OMB No. 1545-0123 <b>2022</b>	
<b>A</b> Principal business activity  RETAIL		Name of partnership  GAI VAPE LLC		<b>D</b> Employer identification number  83-3503153	
<b>B</b> Principal product or service  VAPOR PROD.		Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1710		<b>E</b> Date business started  02/08/2019	
<b>C</b> Business code number  459990		City or town, state or province, country, and ZIP or foreign postal code WAUKESHA WI 53008-1710		<b>F</b> Total assets (see instructions) \$ 393,199	

**G** Check applicable boxes: (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return  
**H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify): \_\_\_\_\_  
**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: \_\_\_\_\_ 2  
**J** Check if Schedules C and M-3 are attached \_\_\_\_\_ ☐  
**K** Check if partnership: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	938,155	
	<b>b</b> Returns and allowances	12,681	
	<b>c</b> Balance. Subtract line 1b from line 1a		925,474
	<b>2</b> Cost of goods sold (attach Form 1125-A)		409,211
	<b>3</b> Gross profit. Subtract line 2 from line 1c		516,263
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))		
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		
<b>Deductions</b> (see instructions for limitations)	<b>7</b> Other income (loss) (attach statement)		
	<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7		516,263
	<b>9</b> Salaries and wages (other than to partners) (less employment credits)		167,387
	<b>10</b> Guaranteed payments to partners		
	<b>11</b> Repairs and maintenance		
	<b>12</b> Bad debts		
	<b>13</b> Rent		32,935
	<b>14</b> Taxes and licenses		13,601
	<b>15</b> Interest (see instructions)	SEE STATEMENT 1	28,875
	<b>16a</b> Depreciation (if required, attach Form 4562)		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return		
<b>Tax and Payment</b>	<b>17</b> Depletion ( <b>Do not deduct oil and gas depletion.</b> )		
	<b>18</b> Retirement plans, etc.		
	<b>19</b> Employee benefit programs		
	<b>20</b> Other deductions (attach statement)	SEE STATEMENT 2	176,353
	<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20		419,151
	<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8		97,112
	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)		
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8866)		
	<b>25</b> BBA AAR imputed underpayment (see instructions)		
	<b>26</b> Other taxes (see instructions)		
<b>27</b> <b>Total balance due.</b> Add lines 23 through 26			
<b>28</b> Payment (see instructions)			
<b>29</b> <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed			
<b>30</b> <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment			

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below?  
 See instructions. ☒ Yes ☐ No

<b>Paid</b>	Print/Type preparer's name SIERRA HODSON	Preparer's signature SIERRA HODSON	Date 02/19/23	Check <input type="checkbox"/> if self-employed	PTIN P02251674
	<b>Preparer</b> Firm's name EWH SMALL BUSINESS ACCOUNTING S.C.			Firm's EIN 39-1330512	
<b>Use Only</b>	Firm's address 20670 WATERTOWN ROAD, SUITE 1040 WAUKESHA, WI 53186			Phone no. 262-796-1040	

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership		
<b>b</b> <input type="checkbox"/> Domestic limited partnership		
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company		
<b>d</b> <input type="checkbox"/> Domestic limited liability partnership		
<b>e</b> <input type="checkbox"/> Foreign partnership		
<b>f</b> <input type="checkbox"/> Other: .....		
<b>2</b> At the end of the tax year:		
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....		X
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....	X	
<b>3</b> At the end of the tax year, did the partnership:		
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below .....		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?	<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 .....		X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)? .....		X
<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....		X
<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....		X
<b>8</b> At any time during calendar year 2022, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country .....		X
<b>9</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions .....		X
<b>10a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election. ....		X
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		X
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions .....		X

**Schedule B Other Information (continued)**

	Yes	No
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions 0		
<b>14</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership		X
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return 0		
<b>16a</b> Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	X	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?	X	
<b>17</b> Enter the number of Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return 0		
<b>18</b> Enter the number of partners that are foreign governments under section 892 0		
<b>19</b> During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		X
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
<b>24</b> Does the partnership satisfy one or more of the following? See instructions <b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the partnership has business interest. <b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		X
<b>25</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$		X
<b>26</b> Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership 0 Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
<b>27</b> At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
<b>28</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: By value:		X
<b>29</b> Reserved for future use		
<b>30</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions. If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3 2 If "No," complete Designation of Partnership Representative below.	X	

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR

U.S. address  
of PRU.S. phone  
number of PR

If the PR is an entity, name of the designated individual for the PR

U.S. address of  
designated individualU.S. phone number of  
designated individual

Schedule K Partners' Distributive Share Items				Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)		1	97,112
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments: a Services 4a b Capital 4b			
	c	Total. Add lines 4a and 4b		4c	
	5	Interest income		5	
	6	Dividends and dividend equivalents: a Ordinary dividends	6a		
	b	Qualified dividends 6b c Dividend equivalents 6c			
	7	Royalties		7	
8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8		
9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
b	Collectibles (28%) gain (loss)	9b			
c	Unrecaptured section 1250 gain (attach statement)	9c			
10	Net section 1231 gain (loss) (attach Form 4797)		10		
11	Other income (loss) (see instructions) Type:		11		
Deductions	12	Section 179 deduction (attach Form 4562)		12	
	13a	Contributions		13a	
	b	Investment interest expense		13b	
	c	Section 59(e)(2) expenditures: (1) Type: (2) Amount:		13c(2)	
d	Other deductions (see instructions) Type:		13d		
Self-Employment	14a	Net earnings (loss) from self-employment		14a	
	b	Gross farming or fishing income		14b	
	c	Gross nonfarm income		14c	
Credits	15a	Low-income housing credit (section 42(j)(5))		15a	
	b	Low-income housing credit (other)		15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
	d	Other rental real estate credits (see instructions) Type:		15d	
	e	Other rental credits (see instructions) Type:		15e	
	f	Other credits (see instructions) Type:		15f	
Inter-national	16	Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance <input type="checkbox"/>			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment		17a	
	b	Adjusted gain or loss		17b	
	c	Depletion (other than oil and gas)		17c	
	d	Oil, gas, and geothermal properties—gross income		17d	
	e	Oil, gas, and geothermal properties—deductions		17e	
	f	Other AMT items (attach statement)		17f	
Other Information	18a	Tax-exempt interest income		18a	
	b	Other tax-exempt income		18b	
	c	Nondeductible expenses SEE STATEMENT 3		18c	441
	19a	Distributions of cash and marketable securities		19a	199,245
	b	Distributions of other property		19b	
	20a	Investment income		20a	
	b	Investment expenses		20b	
	c	Other items and amounts (attach statement) SEE STATEMENT 4			
21	Total foreign taxes paid or accrued		21		



**Analysis of Net Income (Loss) per Return**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 21.						1	97,112
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners			97,112			

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				51,827
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				83,172
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets			13,223	
b	Less accumulated depreciation			13,223	0
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)			337,541	
b	Less accumulated amortization			80,829	256,712
13	Other assets (attach statement) SEE STMT 5				1,488
14	Total assets				393,199
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				51,644
17	Other current liabilities (attach statement) SEE STMT 6				97,106
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				248,760
20	Other liabilities (attach statement)				
21	Partners' capital accounts				-4,311
22	Total liabilities and capital				393,199

**Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return**

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	96,671	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a	Depreciation \$	
a	Depreciation \$		8	Add lines 6 and 7	
b	Travel and entertainment \$		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	97,112
	SEE STATEMENT 7				
	441	441			
5	Add lines 1 through 4	97,112			

**Schedule M-2 Analysis of Partners' Capital Accounts**

1	Balance at beginning of year		6	Distributions: a Cash	199,245
2	Capital contributed: a Cash	98,263	b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	96,671	8	Add lines 6 and 7	199,245
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	-4,311
5	Add lines 1 through 4	194,934			



Form **1125-A**(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service**Cost of Goods Sold****u Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
**u Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

OMB No. 1545-0123

Name

GAI VAPE LLC

Employer identification number

83-3503153

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	
<b>2</b>	Purchases .....	<b>2</b>	492,383
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach schedule) .....	<b>4</b>	
<b>5</b>	Other costs (attach schedule) .....	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	492,383
<b>7</b>	Inventory at end of year .....	<b>7</b>	83,172
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions .....	<b>8</b>	409,211

**9a** Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) **u** .....

**b** Check if there was a writedown of subnormal goods ..... **u** ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ..... **u** ☐

**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO ..... **9d**

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ..... ☐ Yes ☒ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ..... ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

**SCHEDULE B-1  
(Form 1065)**

(Rev. August 2019)

Department of the Treasury  
Internal Revenue Service**Information on Partners Owning 50% or  
More of the Partnership****U Attach to Form 1065.****U Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.**

OMB No. 1545-0123

Name of partnership

GAI VAPE LLC

Employer identification number (EIN)

83-3503153

**Part I** **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2a (Question 3a for 2009 through 2017))

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II** **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 2b (Question 3b for 2009 through 2017))

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
WILLIAM GEHRKE	██████-5708	UNITED STATES	50.000000
HUNTER ARMS	██████-5418	UNITED STATES	50.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 8-2019)

**SCHEDULE B-2  
(Form 1065)**

(December 2018)

Department of the Treasury  
Internal Revenue Service**Election Out of the Centralized  
Partnership Audit Regime****u Attach to Form 1065 or Form 1066.**

OMB No. 1545-0123

**u Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.**

Name of Partnership

GAI VAPE LLC

Employer Identification Number (EIN)

83-3503153

Certain partnerships with 100 or fewer partners can elect out of the centralized partnership audit regime if each partner is an individual, a C corporation, a foreign entity that would be treated as a C corporation were it domestic, an S corporation, or an estate of a deceased partner. For purposes of determining whether the partnership has 100 or fewer partners, the partnership must include all shareholders of any S corporation that is a partner. By completing Part I, you are making an affirmative statement that all of the partners in the partnership are eligible partners under section 6221(b)(1)(C) and you have provided all of the information on this schedule. See the instructions, including the instructions for the treatment of real estate mortgage investment conduits (REMICs), for more details.

**Part I List of Eligible Partners**

Use the following codes under Type of Eligible Partner:

I – Individual C – Corporation E – Estate of Deceased Partner F – Eligible Foreign Entity S – S corporation

Name of Partner	Taxpayer Identification Number (TIN)	Type of Eligible Partner (Code)
1 WILLIAM GEHRKE	XXX-XX-XXXX	I
2 HUNTER ARMS	XXX-XX-XXXX	I
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Continued on Part IV

**Part II List of S Corporation Shareholders** (For each S corporation partner, complete a separate Part II and separate Part V, if needed.)

Use the following codes under Type of Person:

I – Individual E – Estate of Deceased Shareholder T – Trust O – Other

Name of S Corporation Partner <b>u</b>		TIN of Partner <b>u</b>
Name of Shareholder	Shareholder TIN	Type of Person (Code)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		
<b>11</b>		
<b>12</b>		

Continued on Part V

**Part III Total Number of Schedules K-1 Required To Be Issued.** See instructions.

1 Total of Part I and all Parts IV Schedules K-1 required to be issued by the partnership	1	2
2 Total of Part II and all Parts V Schedules K-1 required to be issued by any S corporation partners	2	
3 Total. Add line 1 and line 2	3	2

**Note:** If line 3 is more than 100, the partnership cannot make the election under section 6221(b).**For Paperwork Reduction Act Notice, see the Instructions for Form 1065.**

Schedule B-2 (Form 1065) (12-2018)

PARTNER# 1

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Service

2022

For calendar year 2022, or tax year

beginning

ending

Partner's Share of Income, Deductions,  
Credits, etc.

See separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number <b>83-3503153</b>	
B Partnership's name, address, city, state, and ZIP code <b>GAI VAPE LLC</b>  <b>PO BOX 1710</b> <b>WAUKESHA WI 53008-1710</b>	
C IRS Center where partnership filed return: <b>E-FILE</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) <b>[REDACTED]-5708</b>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. <b>WILLIAM GEHRKE</b>  <b>11127 N WESTON DR</b> <b>MEQUON WI 53092</b>	
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
I1 What type of entity is this partner? <b>INDIVIDUAL</b>	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit <b>50.000000 %</b>	<b>50.000000 %</b>
Loss <b>50.000000 %</b>	<b>50.000000 %</b>
Capital <b>50.000000 %</b>	<b>50.000000 %</b>
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$	<b>198,755</b>
Check this box if Item K includes liability amounts from lower tier partnerships. <input type="checkbox"/>	
L Partner's Capital Account Analysis	
Beginning capital account \$	
Capital contributed during the year \$	<b>49,132</b>
Current year net income (loss) \$	<b>48,335</b>
Other increase (decrease) (attach explanation) \$	
Withdrawals & distributions \$	<b>( 99,623 )</b>
Ending capital account \$	<b>-2,156</b>
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning \$	
Ending \$	

☐ Final K-1☐ Amended K-1651121  
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) <b>48,556</b>	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	C*	<b>221</b>
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	<b>99,623</b>
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	N	<b>STMT</b>
10	Net section 1231 gain (loss)	Z*	<b>STMT</b>
11	Other income (loss)	AH*	<b>STMT</b>
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

PARTNER# 2

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Service

2022

For calendar year 2022, or tax year

beginning

ending

Partner's Share of Income, Deductions,  
Credits, etc.

See separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number <b>83-3503153</b>	
B Partnership's name, address, city, state, and ZIP code <b>GAI VAPE LLC</b>  <b>PO BOX 1710</b> <b>WAUKESHA WI 53008-1710</b>	
C IRS Center where partnership filed return: <b>E-FILE</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.) <b>[REDACTED]-5418</b>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. <b>HUNTER ARMS</b>  <b>11127 N WESTON DR</b> <b>MEQUON WI 53092</b>	
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
I1 What type of entity is this partner? <b>INDIVIDUAL</b>	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital (see instructions):	
Beginning	Ending
Profit <b>50.000000 %</b>	<b>50.000000 %</b>
Loss <b>50.000000 %</b>	<b>50.000000 %</b>
Capital <b>50.000000 %</b>	<b>50.000000 %</b>
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$	<b>198,755</b>
Check this box if Item K includes liability amounts from lower tier partnerships. <input type="checkbox"/>	
L Partner's Capital Account Analysis	
Beginning capital account \$	
Capital contributed during the year \$	<b>49,131</b>
Current year net income (loss) \$	<b>48,336</b>
Other increase (decrease) (attach explanation) \$	
Withdrawals & distributions \$	<b>( 99,622 )</b>
Ending capital account \$	<b>-2,155</b>
M Did the partner contribute property with a built-in gain (loss)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach statement. See instructions.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning \$	
Ending \$	

☐ Final K-1☐ Amended K-1651121  
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) <b>48,556</b>	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents	C*	<b>220</b>
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	A	<b>99,622</b>
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	N	<b>STMT</b>
10	Net section 1231 gain (loss)	Z*	<b>STMT</b>
11	Other income (loss)	AH*	<b>STMT</b>
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		
*See attached statement for additional information.			
For IRS Use Only			

Schedule <b>K</b>	<b>Section 199A Information Worksheet</b>	<b>2022</b>
	For calendar year 2022, or tax year beginning _____, and ending _____	

Partnership Name	Employer Identification Number
GAI VAPE LLC	83-3503153

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	VAPE STORE				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
<b>QBI or Qualified PTP items:</b>					
Ordinary business income (loss)	97,112				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
<b>W-2 wages</b>	167,387				
<b>Qualified property</b>	13,224				
<b>Other Information:</b>					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					
<b>Section 199A REIT dividends</b>					

PARTNER# 1

Schedule <b>K-1</b>	<b>Partner's Section 199A Information Worksheet</b>	<b>2022</b>
For calendar year 2022, or tax year beginning , and ending		

Partnership Name <b>GAI VAPE LLC</b>	Employer Identification Number <b>83-3503153</b>
Partner's Name <b>WILLIAM GEHRKE</b>	Taxpayer Identification Number <b>XXX-XX-XXXX</b>

**Schedule K-1, Box 20, Code Z - Section 199A Information**

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	VAPE STORE				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
<b>QBI or Qualified PTP items:</b>					
Ordinary business income (loss)	48,556				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
<b>W-2 wages</b>	83,694				
<b>Qualified property</b>	6,612				
<b>Other Information:</b>					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

**Section 199A REIT dividends**

PARTNER# 2

Schedule <b>K-1</b>	<b>Partner's Section 199A Information Worksheet</b>	<b>2022</b>
For calendar year 2022, or tax year beginning , and ending		

Partnership Name GAI VAPE LLC	Employer Identification Number 83-3503153
Partner's Name HUNTER ARMS	Taxpayer Identification Number XXX-XX-XXXX

**Schedule K-1, Box 20, Code Z - Section 199A Information**

	Activity Description	Pass-through Entity EIN	Aggr. Number	SSTB	PTP
Column A	VAPE STORE				
Column B					
Column C					
Column D					
Column E					

	Column A	Column B	Column C	Column D	Column E
<b>QBI or Qualified PTP items:</b>					
Ordinary business income (loss)	48,556				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
<b>W-2 wages</b>	83,693				
<b>Qualified property</b>	6,612				
<b>Other Information:</b>					
QBI alloc to co-op pmts received					
W-2 wages alloc to qualified pmts					
Section 199A(g) deduction					

**Section 199A REIT dividends**



## Federal Statements

### General Footnote

#### Description

GAI VAPE HAS BEEN FILING AS A DISREGARDED ENTITY OF GEHRKE-ARMS INVESTMENTS LLC (FEIN: 82-1943114) FOR THE LAST THREE YEARS. THIS IS IT'S FIRST YEAR FILING A SEPARATE 1065.

**Federal Statements****Statement 1 - Form 1065, Page 1, Line 15 - Interest**

Description	Amount
INTEREST	\$ 28,875
TOTAL	\$ 28,875

**Statement 2 - Form 1065, Page 1, Line 20 - Other Deductions**

Description	Amount
MANAGEMENT FEES	\$ 37,500
CONTRACTED SERVICES	5,645
FREIGHT & POSTAGE	929
UTILITIES	8,699
TELEPHONE	1,342
REPAIRS & MAINTENANCE	3,494
ADVERTISING & PROMOTION	2,644
INSURANCE	28,970
TRAVEL & LODGING	1,826
VEHICLE EXPENSES	514
VEHICLE LEASE	10,933
LEGAL & ACCOUNTING	23,985
OFFICE EXPENSE	7,869
BANK & CREDIT CARD FEES	17,640
ROUNDING	1
MEALS (100%)	1,859
AMORTIZATION	22,503
TOTAL	\$ 176,353

**Statement 3 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses**

Description	Amount
OFFICER'S LIFE INSURANCE	\$ 441
TOTAL	\$ 441

**Statement 4 - Form 1065, Schedule K, Line 20c - Other Items and Amounts**

Description	Amount
QUALIFIES FOR EXCEPTION TO FILING SCHEDULE K-2	\$
SEE ATTACHED SECTION 199A INFORMATION WORKSHEET	

**Statement 5 - Form 1065, Schedule L, Line 13 - Other Assets**

Description	Beginning of Year	End of Year
SECURITY DEPOSITS	\$	\$ 1,488

**Federal Statements****Statement 5 - Form 1065, Schedule L, Line 13 - Other Assets (continued)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
TOTAL	\$ <u>0</u>	\$ <u>1,488</u>

**Statement 6 - Form 1065, Schedule L, Line 17 - Other Current Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
GIFT CARDS	\$	\$ 1,160
CREDIT CARD PAYABLE - CHASE		22,571
CREDIT CARD PAYABLE - AMERICA		68,763
SALES TAX PAYABLE		4,607
EXPO/STADIUM TAX PAYABLE		5
TOTAL	\$ <u>0</u>	\$ <u>97,106</u>

**Statement 7 - Form 1065, Schedule M-1, Line 4 - Expenses Recorded on Books, Not on Sch K**

<u>Description</u>	<u>Amount</u>
OFFICER'S LIFE INSURANCE	\$ <u>441</u>
TOTAL	\$ <u>441</u>

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

**Federal Statements**

**WILLIAM GEHRKE**

**-5708**

**Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	OFFICER'S LIFE INSURANCE	\$ 221

**Schedule K-1, Line 20 - Other Information**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 14,438

**Schedule K-1, Line 20AH - Additional Supplemental Information**

<u>Description</u>
SCHEDULE K-3 WILL NOT BE DISTRIBUTED TO YOU UNLESS REQUESTED

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

**Federal Statements**

**HUNTER ARMS**

**5418**

**Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	OFFICER'S LIFE INSURANCE	\$ 220

**Schedule K-1, Line 20 - Other Information**

<u>Code</u>	<u>Description</u>	<u>Amount</u>
N	SCHEDULE K-1, LINE 1 BUSINESS INTEREST EXPENSE	\$ 14,437

**Schedule K-1, Line 20AH - Additional Supplemental Information**

<u>Description</u>
SCHEDULE K-3 WILL NOT BE DISTRIBUTED TO YOU UNLESS REQUESTED

GAI Vape LLC  
PO BOX 1710  
WAUKESHA, WI 53008-1710

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

GAI Vape LLC  
PO BOX 1710  
WAUKESHA, WI 53008-1710

**Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers**

Under Regulation 1.263(a)-3(h), the taxpayer elects the small taxpayer safe harbor election to deduct the costs of repairs, maintenance, improvements, and similar activities performed on the following eligible building(s).

1475 S 108TH ST, WEST ALLIS, WI 53214

GAI Vape LLC  
PO BOX 1710  
WAUKESHA, WI 53008-1710

**Electing out of the Bonus Depreciation Allowance  
for All Eligible Depreciable Property**

The taxpayer elects out of the first-year bonus depreciation allowance under IRC section 168(k)(7) for all eligible asset classes of depreciable property placed in service during the tax year.



<b>Schedule M-2, Tax-based Capital Income (Loss) Worksheet</b>		<b>2022</b>
Form <b>1065</b>	For calendar year 2022, or tax year beginning _____, and ending _____	
Partnership Name  <b>GAI VAPE LLC</b>		Employer Identification Number  <b>83-3503153</b>

<b>1</b>	Net income (loss) per return (Form 1065, Page 5, Analysis of Net Income (Loss)) .....	<u>97,112</u>
<b>2</b>	Income recorded on books this year not included on return	
<b>a</b>	Tax-exempt interest .....	
<b>b</b>	Other tax-exempt income .....	
<b>c</b>	Total tax-exempt income .....	
<b>3</b>	Expenses recorded on books this year not on return	
<b>a</b>	Meals .....	
<b>b</b>	Entertainment .....	
<b>c</b>	Tax credit adjustment .....	
<b>d</b>	Rent personal use expenses .....	
<b>e</b>	Conservation expenses .....	
<b>f</b>	Lease inclusion .....	
<b>g</b>	Other nondeductible expenses .....	441
<b>h</b>	Total nondeductible expenses .....	441
<b>4</b>	Net income (loss) per books (Schedule M-2, line 3) .....	96,671
<b>5</b>	Increase (decrease) adjustments to return income (loss)	
<b>a</b>	Section 743b negative adjustments .....	
<b>b</b>	Section 743b positive adjustments .....	
<b>c</b>	Guaranteed payments (other than health insurance) .....	
<b>d</b>	Net other increases (decreases) adjustments .....	
<b>6</b>	Net tax-based capital net income (loss) (Schedule K-1, Current year income (loss)) .....	96,671

PARTNER# 1

Schedule <b>K-1</b>		<b>Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet</b>		<b>2022</b>
For calendar year 2022, or tax year beginning , and ending				
Partnership Name GAI VAPE LLC			Employer Identification Number 83-3503153	
Partner's Name WILLIAM GEHRKE			Taxpayer Identification Number XXX-XX-XXXX	

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS

48,556

SUBTOTAL

48,556

SUBTRACTIONS:

EXPENSES NOT DEDUCTED ON TAX RETURN:

OFFICER'S LIFE INSURANCE

221

SUBTOTAL

221

TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)

48,335

=====

PARTNER# 2

Schedule <b>K-1</b>		<b>Analysis of Partner's K-1, Current Year Net Income (Loss) Worksheet</b>		<b>2022</b>
		For calendar year 2022, or tax year beginning , and ending		
Partnership Name GAI VAPE LLC			Employer Identification Number 83-3503153	
Partner's Name HUNTER ARMS			Taxpayer Identification Number XXX-XX-XXXX	

Items Included in Current Year Income (Loss):

SCHEDULE K ADDITIONS:

ORDINARY INCOME/LOSS

48,556

SUBTOTAL

48,556

SUBTRACTIONS:

EXPENSES NOT DEDUCTED ON TAX RETURN:

OFFICER'S LIFE INSURANCE

220

SUBTOTAL

220

TOTAL PER SCHEDULE K-1, CURRENT YEAR NET INCOME (LOSS)

48,336

=====

PARTNER# 1

## Partner's Basis Worksheet, Page 1

Schedule **K-1****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI VAPE LLC

Employer Identification Number

83-3503153

Partner's Name

WILLIAM GEHRKE

Taxpayer Identification Number

XXX-XX-XXXX

<b>Beginning of year</b>			0
Capital contributions: Cash	49,132		
Property (adjusted basis)			49,132
Income items: Ordinary business income	48,556		
Net rental real estate income			
Other net rental income			
Interest			
Dividends			
Royalties			
Net short-term capital gain			
Net long-term capital gain			
Net section 1231 gain			
Other portfolio income			
Other income			
Tax-exempt interest and other tax-exempt income			48,556
Excess depletion			
Transfer of capital			
Gain on disposition of section 179 assets			
Other increases			
Distributions: Cash	99,623		
Property (adjusted basis)		( 99,623 )	
Change in liabilities: Current year	198,755		
Prior year	( )		198,755
<b>Subtotal</b>			196,820
Distribution in excess of partner basis			
Noncapital expenses: Nondeductible expenses			221
Deductible losses: Ordinary business loss			
Net rental real estate loss			
Other net rental loss			
Royalties			
Net short-term capital loss			
Net long-term capital loss			
Net section 1231 loss			
Other portfolio loss			
Other losses			
Section 179 deduction			
Charitable contributions			
Investment interest expense			
Section 59(e)(2) expenditures			
Portfolio income deductions			
Other deductions			
Foreign taxes			
Loss on disposition of section 179 assets			
Depletion			
Other decreases			
<b>End of year</b>			<u>196,599</u>

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

PARTNER# 2

## Partner's Basis Worksheet, Page 1

Schedule **K-1****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

GAI VAPE LLC

Employer Identification Number

83-3503153

Partner's Name

HUNTER ARMS

Taxpayer Identification Number

XXX-XX-XXXX

## Beginning of year

0

Capital contributions: Cash	49,131	
Property (adjusted basis)		49,131
Income items: Ordinary business income	48,556	
Net rental real estate income		
Other net rental income		
Interest		
Dividends		
Royalties		
Net short-term capital gain		
Net long-term capital gain		
Net section 1231 gain		
Other portfolio income		
Other income		
Tax-exempt interest and other tax-exempt income		48,556
Excess depletion		
Transfer of capital		
Gain on disposition of section 179 assets		
Other increases		
Distributions: Cash	99,622	
Property (adjusted basis)		( 99,622 )
Change in liabilities: Current year	198,755	
Prior year	( )	198,755
<b>Subtotal</b>		196,820

Distribution in excess of partner basis		
Noncapital expenses: Nondeductible expenses		220
Deductible losses: Ordinary business loss		
Net rental real estate loss		
Other net rental loss		
Royalties		
Net short-term capital loss		
Net long-term capital loss		
Net section 1231 loss		
Other portfolio loss		
Other losses		
Section 179 deduction		
Charitable contributions		
Investment interest expense		
Section 59(e)(2) expenditures		
Portfolio income deductions		
Other deductions		
Foreign taxes		
Loss on disposition of section 179 assets		
Depletion		
Other decreases		
<b>End of year</b>		196,600

Note to partner: This worksheet was prepared based on partnership records. Please consult with your tax advisor for adjustments.

## Schedule K-1 Summary Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI VAPE LLC

83-3503153

Partner Name

SSN/EIN

Column A ..... WILLIAM GEHRKE -5708

Column B ..... HUNTER ARMS -5418

Column C .....

Column D .....

Schedule K Items	Column A	Column B	Column C	Column D	SCH K TOTAL
1 Ordinary income	48,556	48,556			97,112
2 Net income-rent					
3c Net inc-oth rent					
4a Guar pmts services					
4b Guar pmts capital					
5 Interest income					
6a Ordinary dividends					
6b Qual dividends					
6c Dividend equivalents					
7 Royalties					
8 Net ST capital gain					
9a Net LT capital gain					
9b Collectibles 28% gain					
9c Unrecap sec 1250					
10 Net sec 1231 gain					
11 Other income					
12 Sec 179 deduction					
13a Contributions					
13b Invest interest exp					
13c Sec 59(e)(2) exp					
13d Other deductions					
14a Net SE earnings					
14b Gross farming inc					
14c Gross nonfarm inc					
15a Low-inc house 42j5					
15b Low-inc house other					
15c Qual rehab exp					
15d Rental RE credits					
15e Other rental credits					
15f Other credits					
17a Depr adjustment					
17b Adj gain or loss					
17c Depletion					
17d Inc-oil/gas/geoth					
17e Ded-oil/gas/geoth					
17f Other AMT items					
18a Tax-exempt int					
18b Other tax-exempt					
18c Nonded expense	221	220			441
19a Cash distributions	99,623	99,622			199,245
19b Property distributions					
20a Invest income					
20b Invest expense					
21 Total foreign taxes					

# Schedule K-1 Percentages Summary Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI VAPE LLC

83-3503153

Partner Number	Partner Name	Profit		Loss		Capital	
		Beginning	Ending	Beginning	Ending	Beginning	Ending
1	WILLIAM GEHRKE	50.000000	50.000000	50.000000	50.000000	50.000000	50.000000
2	HUNTER ARMS	50.000000	50.000000	50.000000	50.000000	50.000000	50.000000

# Reconciliation of Partners' Basis Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI VAPE LLC

83-3503153

Partner Number	Partner Name	Beginning Basis	Increases	Distribution in Excess of Basis	Allowed Decreases	Ending Basis
1	WILLIAM GEHRKE	0	196,820	0	221	196,599
2	HUNTER ARMS	0	196,820	0	220	196,600

Total this page	<u>0</u>	<u>393,640</u>	<u>0</u>	<u>441</u>	<u>393,199</u>
Total all pages	<u><u>0</u></u>	<u><u>393,640</u></u>	<u><u>0</u></u>	<u><u>441</u></u>	<u><u>393,199</u></u>



# Reconciliation of Partners' Capital Accounts Worksheet

Form **1065****2022**

For calendar year 2022, or tax year beginning , and ending

Partnership Name

Employer Identification Number

GAI VAPE LLC

83-3503153

Partner Number	Partner Name	Beginning Capital	Capital Contributed	Current Year Net Income (Loss)	Increases & Decreases	Withdrawals & Distributions	Ending Capital
1	WILLIAM GEHRKE	0	49,132	48,335	0	99,623	-2,156
2	HUNTER ARMS	0	49,131	48,336	0	99,622	-2,155

Total this page	<u>0</u>	<u>98,263</u>	<u>96,671</u>	<u>0</u>	<u>199,245</u>	<u>-4,311</u>
Total all pages	<u>0</u>	<u>98,263</u>	<u>96,671</u>	<u>0</u>	<u>199,245</u>	<u>-4,311</u>

**Federal Statements****Form 1065, Page 1, Line 14 - Taxes and Licenses**

Description	Amount
PROPERTY TAXES	\$ 457
FICA TAX	11,315
UNEMPLOYMENT TAX	1,829
TOTAL	<u>\$ 13,601</u>

**Form 1065, Schedule L, Line 1 - Cash**

Description	Beginning of Year	End of Year
CASH ON HAND	\$	\$ 10,112
TRICITY CHECKING - #0025		33,113
TRICITY CHECKING - #0017		8,602
TOTAL	<u>\$ 0</u>	<u>\$ 51,827</u>

**Form 1065, Schedule L, Line 3 - Inventories**

Description	Beginning of Year	End of Year
INVENTORY	\$	\$ 83,172
TOTAL	<u>\$ 0</u>	<u>\$ 83,172</u>

**Form 1065, Schedule L, Line 9a - Buildings and Other Depreciable Assets**

Description	Beginning of Year	End of Year
FIXTURES AND EQUIPMENT	\$	\$ 13,223
TOTAL	<u>\$ 0</u>	<u>\$ 13,223</u>

**Form 1065, Schedule L, Line 9b - Accumulated Depreciation**

Description	Beginning of Year	End of Year
ACCUMULATED DEPRECIATION	\$	\$ 13,223
TOTAL	<u>\$ 0</u>	<u>\$ 13,223</u>

**Federal Statements****Form 1065, Schedule L, Line 12a - Intangible Assets**

Description	Beginning of Year	End of Year
GOODWILL	\$	\$ 310,000
START-UP EXPENSES		27,541
TOTAL	\$ 0	\$ 337,541

**Form 1065, Schedule L, Line 12b - Accumulated Amortization**

Description	Beginning of Year	End of Year
LESS: AMORTIZATION	\$	\$ 80,829
TOTAL	\$ 0	\$ 80,829

**Form 1065, Schedule L, Line 16 - Mortgage, Notes, Bonds Payable Less Than 1 Yr**

Description	Beginning of Year	End of Year
NOTE PAYABLE - CURRENT	\$	\$ 35,000
NOTE PAYABLE - LOAN BUILDER		16,644
TOTAL	\$ 0	\$ 51,644

**Form 1065, Schedule L, Line 19b - Mortgage, Notes, Bonds Payable in 1 Yr or More**

Description	Beginning of Year	End of Year
NOTE PAYABLE - BYLINE BANK	\$	\$ 272,653
NOTE PAYABLE - JM&M PRODUCTS		11,107
LESS: NOTE PAYABLE - CURRENT		-35,000
TOTAL	\$ 0	\$ 248,760

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

# Federal Asset Report

## VAPE STORE

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
4	Fixtures & Equipment	6/19/19	10,781		X		0	7 HY 200DB	10,781	0
5	APPLE COMPUTER	1/27/20	2,443		X		0	5 HY 200DB	2,443	0
			<u>13,224</u>				<u>0</u>		<u>13,224</u>	<u>0</u>
<b>Amortization:</b>										
2	Goodwill	6/19/19	310,000				310,000	15 MOAmort	53,389	20,667
3	Start-Up Expenses	6/19/19	27,541				27,541	15 MOAmort	4,938	1,836
			<u>337,541</u>				<u>337,541</u>		<u>58,327</u>	<u>22,503</u>
<b>Grand Totals</b>			350,765				337,541		71,551	22,503
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>350,765</u>				<u>337,541</u>		<u>71,551</u>	<u>22,503</u>

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	ACE	AMT Adjustments/ Preferences
<b><u>Additional ACE Information for Other Assets:</u></b>							
Page 1	1	4	Fixtures & Equipment	0	0 *	0 s	
Page 1	1	5	APPLE COMPUTER	0	0 *	0 s	
				<u>0</u>	<u>0</u>	<u>0 s</u>	
<b>Totals for ACE Depreciation Adjustment:</b>							
<b>AMT Depreciation Addback</b>					<u>0</u>		
<b>ACE Depreciation Expense</b>						<u>0 s</u>	

\* - This asset has no values in AMT column, assume AMT = Tax Value  
s - Substituted applicable AMT or Tax data when ACE column is blank.

## Wisconsin Return Summary

For 2022, or taxable year beginning \_\_\_\_\_, and ending \_\_\_\_\_

GAI VAPE LLC

83 3503153

### Form 3

#### Schedule 3K - Partners' Distributive Share Items

Ordinary business income (loss)	98,042	
Net rental real estate income (loss)		
Other net rental income (loss)		
Guaranteed payments		
Interest income		
Ordinary dividends		
Royalties		
Net short-term capital gain (loss)		
Net long-term capital gain (loss)		
Net section 1231 gain (loss)		
Other income (loss)		
Section 179 deduction	(                      )	
Contributions	(                      )	
Investment interest expense	(                      )	
Section 59(e)(2) expenditures	(                      )	
Other deductions	(                      )	
Other items	_____	
<b>Income (loss)</b>		<u><u>98,042</u></u>

### Form PW-1

#### Nonresident Withholding Tax Return

Total pass-through income

Total withholding tax

Estimated withholding payments

Tax withheld from lower-tier entities

Amount paid with original return

Underpayment and other interest due \_\_\_\_\_

Amount due (overpayment)

Credit to next year

Refund

### Form PW-ES

First estimate

Second estimate

Third estimate

Fourth estimate

### Form 1CNP

#### Composite Tax Return

Nonresident partner income (loss)

Total tax

Tax withheld \_\_\_\_\_

Amount due (overpayment)

Refund

## **Filing Instructions**

### **GAI Vape LLC**

### **Form 3 - Partnership Return**

**Taxable Year Ended December 31, 2022**

**Date Due:** March 15, 2023

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** Wisconsin does not require an additional electronic filing signature document. No further action is required.

**Other:** Your return is being filed electronically with the Wisconsin Department of Revenue and is not required to be mailed. If you mail a paper copy of Form 3 it will delay processing of your return.

For calendar year 2022 or tax year beginning           M M D D Y Y Y Y           and ending           M M D D Y Y Y Y          

**Due Date:** 15th day of 3rd month following close of taxable year.

Name		GAI VAPE LLC		FEIN		83 3503153	
Number and Street						Suite Number	
PO BOX 1710							
City				State	Zip (+ 4 digit suffix if known)	Business Activity (NAICS) Code	
WAUKESHA				WI	53008-1710	459990	
Number of Partners		Number of Nonresident Partners		State of Formation		and	Year
2				<div> <div>WI</div> <div>Enter abbreviation of state in box, or if a</div> </div>			2019

**A Check Ü type of entity that is filing this return:**

- 1 \_\_\_ General partnership                      2 \_\_\_ Limited liability partnership  
3 \_\_\_ Limited partnership                    4 X Limited liability company  
5 Other (explain)

**Check Ü if applicable and see instructions:**

- B** \_\_\_\_\_ If you have an extension of time to file, enter the extended due date M M D D Y Y Y Y

**C** \_\_\_\_\_ If this is an amended return, include an explanation of changes (Include Schedule AR)

**D** \_\_\_\_\_ If you are filing a Form 1CNP on behalf of nonresident partners

**E** \_\_\_\_\_ If you have related entity expenses and are required to file Schedule RT with this return

**F** X \_\_\_\_\_ If this is the first return

**G** \_\_\_\_\_ If this is the final return

**H** \_\_\_\_\_ If the partnership is the sole owner of any disregarded entities. Prepare and submit Schedule DE with this return

**I** \_\_\_\_\_ If the partnership is electing to pay tax at the entity level pursuant to s. 71.21(6)(a), Wis. Stats.

**J** \_\_\_\_\_ If a lower-tier entity made an election to pay tax at the entity level pursuant to s. 71.21(6)(a) Wis. Stats., (see instructions)

**K** \_\_\_\_\_ If IRS adjustments became final during the year. Enter year(s) reviewed 1 \_\_\_\_\_  
Enter year(s) adjusted 2 \_\_\_\_\_

Were imputed underpayments from the partnership adjustments assessed to the partnership? \_\_\_\_\_ Yes \_\_\_\_\_ No

**L** \_\_\_\_\_ If the partnership is electing to claim a credit under s. 71.07 (3q)(c)1.b., (3w)(c)2.b., and/or (3y)(c)1.b., Wis. Stats., at the entity level. Attach the appropriate Schedule JT, EC, and/or BD, and include the amount of the credit(s) on line 8.

**M** \_\_\_\_\_ If the partnership reorganized during the tax year, enter type of reorganization (see instructions).

## Part I

1	Partnership entity-level tax (Schedule 3-ET, line 21)	1	
2	Amended Return Only – amount previously refunded	2	
3	Interest, penalty, and late fee due (see instructions). If you annualized check (u) the box	3	
4	Add lines 1 through 3	4	
5	Wisconsin tax withheld	5	
6	Estimated tax payments less refund from Form 4466W	6	
7	Amended Return Only – amount previously paid	7	
8	Add lines 5 through 7 (see instructions)	8	
9	<b>Amount due.</b> If line 4 is larger than line 8, enter amount owed	9	
10	<b>Overpayment.</b> If line 8 is larger than line 4, enter amount overpaid	10	
11	Enter amount of line 10 you want credited to 2023 estimated tax	11	
12	Subtract line 11 from line 10. <b>This is your refund</b>	12	



13	Wisconsin property .....	13	<u>96395</u>
14	Total company property .....	14	<u>96395</u>
15	Wisconsin payroll .....	15	<u>167387</u>
16	Total company payroll .....	16	<u>167387</u>
17	Wisconsin sales .....	17	<u>938155</u>
18	Total company sales .....	18	<u>938155</u>
19	Wisconsin apportionment percentage. Enter the apportionment schedule used: .....	A <u>00</u>	19 <u>100.000000</u> %
	If 100% apportionment, check ( <u>u</u> ) the space after the arrow .....	<u>X</u>	
	If using separate accounting, check ( <u>u</u> ) the space after the arrow .....		
20	Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS? .....	20	<u>  </u> Yes <u>X</u> No
	If yes, enclose with your Wisconsin tax return.		
21	Did you purchase any taxable products or services for storage, use, or consumption in Wisconsin without payment of sales or use tax? .....	21	<u>  </u> Yes <u>X</u> No
22	City and state where books and records are located for audit purposes: <u>BROOKFIELD, WI</u>		
23	List the locations of the partnership's Wisconsin operations: .....		

Part II Schedule 3K – Partners’ Distributive Share Items				
	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
Income (Loss)	1 Ordinary business income (loss) ..	1 <u>97112</u>	<u>930</u>	1 <u>98042</u>
	2 Net rental real estate income (loss) (attach Form 8825) .....	2		2
	3 Other net rental income (loss) (attach schedule) .....	3		3
	4 Guaranteed payments:			
	a Services .....	4a		4a
	b Capital .....	4b		4b
	c Total (add lines 4a and 4b) ....	4c		4c
	5 Interest income .....	5		5
	6 Ordinary dividends .....	6		6
	7 Royalties .....	7		7
	8 Net short-term capital gain (loss)	8		8
Other Deductions	9 Net long-term capital gain (loss) ...	9		9
	10 Net section 1231 gain (loss) (attach Form 4797) .....	10		10
	11 Other income (loss) (attach sch.) ...	11		11
	12 Section 179 deduction (attach Form 4562) .....	12		12
	13a Contributions .....	13a		13a
	b Investment interest expense .....	13b		13b
	c Section 59(e)(2) expenditures			
	(1) Type .....			
	(2) Amount .....	13c		13c
	d Other deductions (attach sch.) ....	13d		13d
	14 Net earnings (loss) from self employment	14		

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law
<b>Credits</b>	<b>15</b> Wisconsin credits:			
	<b>a</b> Schedule _____			<b>15a</b> _____
	<b>b</b> Schedule _____			<b>15b</b> _____
	<b>c</b> Schedule _____			<b>15c</b> _____
	<b>d</b> Schedule _____			<b>15d</b> _____
	<b>e</b> Schedule _____			<b>15e</b> _____
	<b>f</b> Schedule _____			<b>15f</b> _____
	<b>g</b> Schedule _____			<b>15g</b> _____
	<b>h</b> Schedule _____			<b>15h</b> _____
	<b>i</b> Tax paid to other states ( <i>postal abbrev.</i> ) <b>15i-1</b> _____			<b>15i-1</b> _____
	<b>15i-2</b> _____		<b>15i-2</b> _____	
	<b>15i-3</b> _____		<b>15i-3</b> _____	
	<b>j</b> Wisconsin tax withheld _____		<b>15j</b> _____	
<b>International Transactions</b>	<b>16</b> If you are reporting items of international tax relevance, check this box and attach federal Schedule K-2 (Form 1065) to your return ( <i>see instructions</i> ) _____			<b>16</b> _____
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment <b>17a</b> _____			
	<b>b</b> Adjusted gain or loss <b>17b</b> _____			
	<b>c</b> Depletion (other than oil and gas) <b>17c</b> _____			
	<b>d</b> Oil, gas, and geothermal properties – gross income <b>17d</b> _____			
	<b>e</b> Oil, gas, and geothermal properties – deductions <b>17e</b> _____			
	<b>f</b> Other AMT items ( <i>attach sch.</i> ) <b>17f</b> _____			
<b>Other</b>	<b>18a</b> Tax-exempt interest income <b>18a</b> _____			<b>18a</b> _____
	<b>b</b> Other tax-exempt income <b>18b</b> _____			<b>18b</b> _____
	<b>c</b> Nondeductible expenses <b>18c</b> _____	441	930	<b>18c</b> _____
	<b>19a</b> Distributions of cash and marketable securities <b>19a</b> _____	199245		<b>19a</b> _____
	<b>b</b> Distributions of other property <b>19b</b> _____			<b>19b</b> _____
	<b>20a</b> Investment income <b>20a</b> _____			<b>20a</b> _____
	<b>b</b> Investment expenses <b>20b</b> _____			<b>20b</b> _____
	<b>c</b> Other items and amounts ( <i>attach sch.</i> ) <b>20c</b> _____			<b>20c</b> _____
	<b>21</b> Foreign taxes paid or accrued <b>21</b> _____			<b>21</b> _____
	<b>22a</b> Related entity expense addback <b>22a</b> _____			<b>22a</b> _____
	<b>b</b> Related entity expense allowable <b>22b</b> _____			<b>22b</b> _____
	<b>23</b> <b>Income (loss)</b> ( <i>see instructions</i> ) <b>23</b> _____			<b>23</b> _____
<b>24</b> Gross income (before deducting expenses) from all activities <b>24</b> _____			<b>24</b> _____	

**Third Party Designee** Do you want to allow another person to discuss this return with the department? ☒ **Yes** Complete the following. ☐ **No**

Print Designee's Name **SIERRA HODSON, CPA** Phone Number **262-923-7871** Personal Identification Number (PIN) **37871**

Person to contact concerning this return: <b>WILLIAM GEHRKE</b>	Phone #: <b>414-810-1185</b>	Fax #: 
--	---------------------------------	------------

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of General Partner }	Date 	Signature of Preparer <b>SIERRA HODSON</b>	Date <b>02/19/23</b>
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For information on how to file, see Filing Methods in instructions under "When and Where to File."

**Part III Schedule 3K - Partner's Share of Additions and Subtractions****Additions:**

1	State taxes accrued or paid .....	1	
2	Related entity expenses (from Schedule RT, Part I) .....	2	
3	Expenses related to nontaxable income .....	3	
4	Section 179, depreciation, amortization difference ( <i>attach schedule</i> ) .....	4	
5	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis ( <i>attach schedule</i> ) .....	5	
6	Total additions for certain credits computed:		
a	Business development credit .....	6a	
b	Community rehabilitation program credit .....	6b	
c	Development zones credits .....	6c	
d	Economic development tax credit .....	6d	
e	Electronics and information technology manufacturing zone credit .....	6e	
f	Employee college saving account contribution credit .....	6f	
g	Enterprise zone jobs credit .....	6g	
h	Jobs tax credit .....	6h	
i	Manufacturing and agriculture credit (computed in 2021) .....	6i	
j	Manufacturing investment credit .....	6j	
k	Research credits .....	6k	
l	Total credits (add lines 6a through 6k) .....	6l	
7	Other additions:		
a	<u>SEE STATEMENT 3</u> .....	7a	<u>930</u>
b	.....	7b	
c	.....	7c	
d	Total other additions (add lines 7a through 7c) .....	7d	<u>930</u>
8	<b>Total additions (add lines 1 through 5 and 6l and 7d) .....</b>	<b>8</b>	<b><u>930</u></b>

**Subtractions:**

9	Related entity expenses eligible for subtraction (from Schedule RT, Part II) .....	9	
10	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	10	
11	Section 179, depreciation/amortization of assets ( <i>attach schedule</i> ) .....	11	
12	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis ( <i>attach schedule</i> ) .....	12	
13	Federal wage credits .....	13	
14	Federal research credit expenses .....	14	
15	Other subtractions:		
a	.....	15a	
b	.....	15b	
c	.....	15c	
d	Total other subtractions (add lines 15a through 15c) .....	15d	
16	<b>Total subtractions (add lines 9 through 14 and 15d) .....</b>	<b>16</b>	
17	<b>Total adjustment (subtract line 16 from line 8) .....</b>	<b>17</b>	<b><u>930</u></b>

**Pass-Through Entity Representative**

Representative's Last Name <b>GEHRKE</b>		Representative's First Name <b>WILLIAM</b>	
Email Address <b>WGEHRKE@GEHRKEARMSINVEST.COM</b>			Phone Number <b>414-712-9942</b>
Mailing Address <b>11127 N WESTON DR</b>			Apt.
City <b>MEQUON</b>	State <b>WI</b>	Zip Code <b>53092</b>	

Schedule

**3K-1****Partner's Share of Income, Deductions, Credits, etc.****2022**Wisconsin Department  
of Revenue

For calendar year 2022 or tax year beginning

and ending

M M D D Y Y Y Y

M M D D Y Y Y Y

**Part I: Information About the Partnership**

Partnership's Name GAI VAPE LLC		Partnership's FEIN 83 3503153	
Partnership's Address PO BOX 1710	Partnership's City WAUKESHA	State WI	Partnership's Zip Code 53008-1710

**Part II: Information About the Partner****If the partner is a disregarded entity or trust, enter the requested information for the taxpayer/owner of the disregarded entity or trust:**

Partner's Business Name		Partner's FEIN	
Partner's Last Name GEHRKE	Partner's First Name WILLIAM	M.I.	Partner's SSN XXX XX XXXX
Partner's Address 11127 N WESTON DR	Partner's City MEQUON	State WI	Partner's Zip Code 53092

**If the partner is a disregarded entity or trust, enter the partner's information:**

Name	SSN	FEIN
------	-----	------

**A Type of partner:**

- 1 ☐ General partner or LLC member-manager  
 2 ☒ Limited partner or other LLC member

**B Additional partner information (check all that apply):**

- 1 ☒ Domestic partner  
 2 ☐ Foreign partner  
 3 ☐ Nonresident partner  
 4 ☐ Tax-exempt partner  
 5 ☐ Disregarded entity

**C Check if applicable:**

- 1 ☐ Final 3K-1  
 2 ☐ Amended 3K-1 (Include Schedule AR)  
 3 ☐ Election to pay tax at the entity level pursuant to s. 71.21(6)(a), Wis. Stats.  
 4 ☐ A lower-tier entity made an election to pay tax at the entity level pursuant to s. 71.21(6)(a), Wis. Stats., (see instructions)

**D Partner's share of profit, loss, and capital:**

	Beginning		Ending	
1 Profit	50.00	%	50.00	%
2 Loss	50.00	%	50.00	%
3 Capital	50.00	%	50.00	%

**E Partner's share of liabilities at the year-end:**

1 Nonrecourse	E-1	
2 Qualified nonrecourse financing	E-2	
3 Recourse	E-3	198755

**F Partner's capital account analysis:**

1 Beginning capital account	F-1	
2 Capital contributed during the year	F-2	49132
3 Current year increase (decrease)	F-3	48335
4 Withdrawals and distributions	F-4	99623
5 Ending capital account	F-5	-2156

**G Partner's state of residence (if a full-year Wisconsin resident, items H, I, J, and K do not apply)** **G** WI**H** ☐ Check if partner's Wisconsin amount is determined by apportionment. Apportionment percentage **H** \_\_\_\_\_ %**I** ☐ Check if partner's Wisconsin amount is determined by separate accounting.**J** ☐ Check if the partner is a nonresident and received an approved Form PW-2 to opt out of pass-through entity withholding.**K** ☐ Check if the nonresident partner elected Wisconsin composite income tax be paid by the partnership on a Form 1CNP.

Amount of composite income tax paid on behalf of the nonresident partner \_\_\_\_\_



	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
<b>16</b> Schedule K-3 is attached if checked (see instructions) .....					
<b>17</b> Alternative minimum tax items:					
<b>a</b> .....					
<b>b</b> .....					
<b>18a</b> Tax-exempt interest income .....					
<b>b</b> Other tax-exempt income .....					
<b>c</b> Nondeductible expenses (list):					
<b>1</b> SEE STATEMENT 1 .....	18c-1			18c-1	
<b>2</b> .....	18c-2			18c-2	
<b>3</b> Total (add lines 18c-1 and 18c-2) ...	18c-3	221	465	18c-3	686
<b>19</b> Distributions:					
<b>a</b> Cash and marketable securities ...	19a	99623		19a	99623
<b>b</b> Distributions of other property .....	19b			19b	
<b>20</b> Other information:					
<b>a</b> Investment income .....	20a			20a	
<b>b</b> Investment expenses .....	20b			20b	
<b>c</b> Other items and amounts (attach schedule) .....	20c			20c	
<b>21</b> Foreign taxes paid or accrued .....	21			21	
<b>22a</b> Related entity expense addback .....	22a			22a	
<b>b</b> Related entity expense allowable .....	22b			22b	
<b>23</b> Income (loss) .....	23			23	49021
<b>24</b> Gross income (before deducting expenses) from all activities .....	24			24	469078

**Part IV Partner's Share of Apportionment Factors** (Does not apply to a resident estate, trust or individual partner)

	Wisconsin	Total company
<b>25</b> Wisconsin single sales factor method (do not complete lines 26 through 28) .....	25	
<b>Multiple factor method (do not complete line 25):</b>		
<b>26</b> First factor (indicate factor used): .....	26	
<b>27</b> Second factor (indicate factor used): .....	27	
<b>28</b> Third factor (indicate factor used): .....	28	

**Part V Schedule 3K-1 - Partner's Share of Additions and Subtractions****Additions:**

1	State taxes accrued or paid .....	1	_____
2	Related entity expenses .....	2	_____
3	Expenses related to nontaxable income .....	3	_____
4	Section 179, depreciation, amortization difference ( <i>attach schedule</i> ) .....	4	_____
5	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis ( <i>attach schedule</i> ) .....	5	_____
6	Total additions for certain credits computed:		
a	Business development credit .....	6a	_____
b	Community rehabilitation program credit .....	6b	_____
c	Development zones credits .....	6c	_____
d	Economic development tax credit .....	6d	_____
e	Electronics and information technology manufacturing zone credit .....	6e	_____
f	Employee college saving account contribution credit .....	6f	_____
g	Enterprise zone jobs credit .....	6g	_____
h	Jobs tax credit .....	6h	_____
i	Manufacturing and agriculture credit (computed in 2021) .....	6i	_____
j	Manufacturing investment credit .....	6j	_____
k	Research credits .....	6k	_____
l	Total credits (add lines 6a through 6k) .....	6l	_____
7	Other additions:		
a	<u>SEE STATEMENT 2</u> .....	7a	<u>465</u>
b	_____	7b	_____
c	_____	7c	_____
d	Total other additions (add lines 7a through 7c) .....	7d	<u>465</u>
8	<b>Total additions (add lines 1 through 5 and 6l and 7d)</b> .....	8	<u>465</u>

**Subtractions:**

9	Related entity expenses eligible for subtraction .....	9	_____
10	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	10	_____
11	Section 179, depreciation/amortization of assets ( <i>attach schedule</i> ) .....	11	_____
12	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis ( <i>attach schedule</i> ) .....	12	_____
13	Federal wage credits .....	13	_____
14	Federal research credit expenses .....	14	_____
15	Other subtractions:		
a	_____	15a	_____
b	_____	15b	_____
c	_____	15c	_____
d	Total other subtractions (add lines 15a through 15c) .....	15d	_____
16	<b>Total subtractions (add lines 9 through 14 and 15d)</b> .....	16	_____
17	<b>Total adjustment (subtract line 16 from line 8)</b> .....	17	<u>465</u>

Schedule

**3K-1****Partner's Share of Income, Deductions, Credits, etc.****2022**Wisconsin Department  
of Revenue

For calendar year 2022 or tax year beginning

and ending

M M D D Y Y Y Y

M M D D Y Y Y Y

**Part I: Information About the Partnership**

Partnership's Name <b>GAI VAPE LLC</b>		Partnership's FEIN <b>83 3503153</b>	
Partnership's Address <b>PO BOX 1710</b>	Partnership's City <b>WAUKESHA</b>	State <b>WI</b>	Partnership's Zip Code <b>53008-1710</b>

**Part II: Information About the Partner****If the partner is a disregarded entity or trust, enter the requested information for the taxpayer/owner of the disregarded entity or trust:**

Partner's Business Name			Partner's FEIN
Partner's Last Name <b>ARMS</b>	Partner's First Name <b>HUNTER</b>	M.I.	Partner's SSN <b>XXX XX XXXX</b>
Partner's Address <b>11127 N WESTON DR</b>	Partner's City <b>MEQUON</b>	State <b>WI</b>	Partner's Zip Code <b>53092</b>

**If the partner is a disregarded entity or trust, enter the partner's information:**

Name	SSN	FEIN
------	-----	------

**A Type of partner:**

- 1 ☐ General partner or LLC member-manager  
 2 ☒ Limited partner or other LLC member

**B Additional partner information (check all that apply):**

- 1 ☒ Domestic partner  
 2 ☐ Foreign partner  
 3 ☐ Nonresident partner  
 4 ☐ Tax-exempt partner  
 5 ☐ Disregarded entity

**C Check if applicable:**

- 1 ☐ Final 3K-1  
 2 ☐ Amended 3K-1 (Include Schedule AR)  
 3 ☐ Election to pay tax at the entity level pursuant to s. 71.21(6)(a), Wis. Stats.  
 4 ☐ A lower-tier entity made an election to pay tax at the entity level pursuant to s. 71.21(6)(a), Wis. Stats., (see instructions)

**D Partner's share of profit, loss, and capital:**

	Beginning		Ending	
1 Profit	50.00	%	50.00	%
2 Loss	50.00	%	50.00	%
3 Capital	50.00	%	50.00	%

**E Partner's share of liabilities at the year-end:**

1 Nonrecourse	E-1	
2 Qualified nonrecourse financing	E-2	
3 Recourse	E-3	198755

**F Partner's capital account analysis:**

1 Beginning capital account	F-1	
2 Capital contributed during the year	F-2	49131
3 Current year increase (decrease)	F-3	48336
4 Withdrawals and distributions	F-4	99622
5 Ending capital account	F-5	-2155

**G Partner's state of residence (if a full-year Wisconsin resident, items H, I, J, and K do not apply)****G** WI**H** ☐ Check if partner's Wisconsin amount is determined by apportionment. Apportionment percentage**H** \_\_\_\_\_ %**I** ☐ Check if partner's Wisconsin amount is determined by separate accounting.**J** ☐ Check if the partner is a nonresident and received an approved Form PW-2 to opt out of pass-through entity withholding.**K** ☐ Check if the nonresident partner elected Wisconsin composite income tax be paid by the partnership on a Form 1CNP.

Amount of composite income tax paid on behalf of the nonresident partner \_\_\_\_\_



**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
1 Ordinary business income (loss) .... 1	48556	465	49021	
2 Net rental real estate income (loss) ..... 2				
3 Other net rental income (loss) ..... 3				
4 Guaranteed payments:				
a Services ..... 4a				
b Capital ..... 4b				
c Total (add lines 4a and 4b) ..... 4c				
5 Interest income ..... 5				
6 Ordinary dividends ..... 6				
7 Royalties ..... 7				
8 Net short-term capital gain (loss) ..... 8				
9 Net long-term capital gain (loss) ..... 9				
10a Net section 1231 gain (loss) ..... 10a				
b Portion of gains on line 10a from sales of farm assets ..... 10b				
11 Other income (loss) (see instr.):				
a ..... 11a				
b ..... 11b				
c Total (add lines 11a and 11b) ..... 11c				
12 Section 179 deduction ..... 12				
13 Other deductions (see instr.):				
a ..... 13a				
b ..... 13b				
c Total (add lines 13a and 13b) ..... 13c				
14 Self-employment earning (loss) ... 14				
15 Wisconsin credits:				
a Schedule ..... 15a				
b Schedule ..... 15b				
c Schedule ..... 15c				
d Schedule ..... 15d				
e Schedule ..... 15e				
f Schedule ..... 15f				
g Schedule ..... 15g				
h Schedule ..... 15h				
i Tax paid to other states (enter postal abbreviation of state) ... 15i-1				
15i-2				
15i-3				
j Wisconsin tax withheld ..... 15j				

	(a) Distributive share items	(b) Federal amount	(c) Adjustment	(d) Amount under Wis. law	(e) Wis. source amount (see instructions)
<b>16</b> Schedule K-3 is attached if checked (see instructions) .....					<b>16</b> _____
<b>17</b> Alternative minimum tax items:					
<b>a</b> .....					<b>17a</b> _____
<b>b</b> .....					<b>17b</b> _____
<b>18a</b> Tax-exempt interest income .....					<b>18a</b> _____
<b>b</b> Other tax-exempt income .....					<b>18b</b> _____
<b>c</b> Nondeductible expenses (list):					
<b>1</b> SEE STATEMENT 1 .....	18c-1				18c-1 _____
<b>2</b> .....	18c-2				18c-2 _____
<b>3</b> Total (add lines 18c-1 and 18c-2) ...	18c-3	220	465	18c-3	685
<b>19</b> Distributions:					
<b>a</b> Cash and marketable securities ...		99622			<b>19a</b> 99622
<b>b</b> Distributions of other property .....					<b>19b</b> _____
<b>20</b> Other information:					
<b>a</b> Investment income .....					<b>20a</b> _____
<b>b</b> Investment expenses .....					<b>20b</b> _____
<b>c</b> Other items and amounts (attach schedule) .....					<b>20c</b> _____
<b>21</b> Foreign taxes paid or accrued .....					<b>21</b> _____
<b>22a</b> Related entity expense addback .....					<b>22a</b> _____
<b>b</b> Related entity expense allowable .....					<b>22b</b> _____
<b>23</b> Income (loss) .....					<b>23</b> 49021
<b>24</b> Gross income (before deducting expenses) from all activities .....					<b>24</b> 469077

**Part IV Partner's Share of Apportionment Factors** (Does not apply to a resident estate, trust or individual partner)

	Wisconsin	Total company
<b>25</b> Wisconsin single sales factor method (do not complete lines 26 through 28) .....	<b>25</b> _____	_____
<b>Multiple factor method (do not complete line 25):</b>		
<b>26</b> First factor (indicate factor used): .....	<b>26</b> _____	_____
<b>27</b> Second factor (indicate factor used): .....	<b>27</b> _____	_____
<b>28</b> Third factor (indicate factor used): .....	<b>28</b> _____	_____

**Part V Schedule 3K-1 - Partner's Share of Additions and Subtractions****Additions:**

1	State taxes accrued or paid .....	1	_____
2	Related entity expenses .....	2	_____
3	Expenses related to nontaxable income .....	3	_____
4	Section 179, depreciation, amortization difference ( <i>attach schedule</i> ) .....	4	_____
5	Amount by which the federal basis of assets disposed of exceeds the Wisconsin basis ( <i>attach schedule</i> ) .....	5	_____
6	Total additions for certain credits computed:		
a	Business development credit .....	6a	_____
b	Community rehabilitation program credit .....	6b	_____
c	Development zones credits .....	6c	_____
d	Economic development tax credit .....	6d	_____
e	Electronics and information technology manufacturing zone credit .....	6e	_____
f	Employee college saving account contribution credit .....	6f	_____
g	Enterprise zone jobs credit .....	6g	_____
h	Jobs tax credit .....	6h	_____
i	Manufacturing and agriculture credit (computed in 2021) .....	6i	_____
j	Manufacturing investment credit .....	6j	_____
k	Research credits .....	6k	_____
l	Total credits (add lines 6a through 6k) .....	6l	_____
7	Other additions:		
a	<u>SEE STATEMENT 2</u> .....	7a	<u>465</u>
b	_____	7b	_____
c	_____	7c	_____
d	Total other additions (add lines 7a through 7c) .....	7d	<u>465</u>
8	<b>Total additions (add lines 1 through 5 and 6l and 7d)</b> .....	8	<u>465</u>

**Subtractions:**

9	Related entity expenses eligible for subtraction .....	9	_____
10	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return) .....	10	_____
11	Section 179, depreciation/amortization of assets ( <i>attach schedule</i> ) .....	11	_____
12	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis ( <i>attach schedule</i> ) .....	12	_____
13	Federal wage credits .....	13	_____
14	Federal research credit expenses .....	14	_____
15	Other subtractions:		
a	_____	15a	_____
b	_____	15b	_____
c	_____	15c	_____
d	Total other subtractions (add lines 15a through 15c) .....	15d	_____
16	<b>Total subtractions (add lines 9 through 14 and 15d)</b> .....	16	_____
17	<b>Total adjustment (subtract line 16 from line 8)</b> .....	17	<u>465</u>

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use:											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>				

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2022 tax year					<b>43</b> 22,503
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b> 22,503

## Wisconsin Statements

### General Footnote

#### Description

GAI VAPE HAS BEEN FILING AS A DISREGARDED ENTITY OF GEHRKE-ARMS INVESTMENTS LLC (FEIN: 82-1943114) FOR THE LAST THREE YEARS. THIS IS IT'S FIRST YEAR FILING A SEPARATE 1065.

**Wisconsin Statements****Statement 1 - Form 3, Page 2, List of Locations of Partnerships Wisconsin Operations**

City	State
WEST ALLIS	WI

**Statement 2 - Form 3, Page 3, Line 18c, Column d - Nondeductible Expenses**

Description	Amount
OFFICER'S LIFE INSURANCE	\$ 441
50% MEALS	930
TOTAL	\$ 1,371

**Statement 3 - Form 3, Page 4, Line 7 - Other Additions**

Description	Amount
50% MEALS	\$ 930
TOTAL	\$ 930

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

## Wisconsin Statements

**WILLIAM GEHRKE**

**██████-5708**

### **Statement 1 - Sch 3K-1, Page 3, Line 18c, Column d, WI Amount - Nondeductible Expenses**

Description	Amount
OFFICER'S LIFE INSURANCE	\$ 221
50% MEALS	465

### **Statement 2 - Schedule 3K-1, Page 4, Line 7, Other Additions**

Description	Amount
50% MEALS	\$ 465
TOTAL	\$ 465

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

## Wisconsin Statements

HUNTER ARMS

██████-5418

### **Statement 1 - Sch 3K-1, Page 3, Line 18c, Column d, WI Amount - Nondeductible Expenses**

Description	Amount
OFFICER'S LIFE INSURANCE	\$ 220
50% MEALS	465

### **Statement 2 - Schedule 3K-1, Page 4, Line 7, Other Additions**

Description	Amount
50% MEALS	\$ 465
TOTAL	\$ 465



# WI Partnership's Share of Additions and Subtractions Worksheet

Form **3****2022**

For 2022, or taxable year beginning , and ending

Name

Federal Employer ID Number

GAI VAPE LLC

83 3503153

**Additions:**

Ordinary Income

Rental Real Estate

Other Rental

Royalties

All Other Differences

<b>1</b> State taxes accrued or paid .....	_____	_____	_____	_____	_____
<b>2</b> Related entity expenses (from Schedule RT, Part I) .....	_____	_____	_____	_____	_____
<b>3</b> Expenses related to nontaxable income .....	_____	_____	_____	_____	_____
<b>4</b> Basis, section 179, depreciation and amortization differences .....	_____	_____	_____	_____	_____
<b>5</b> Amount federal basis of assets disposed of exceeds WI basis .....	_____	_____	_____	_____	_____
<b>6</b> Total additions for certain credits computed:					
<b>a</b> Business development credit .....	_____				
<b>b</b> Community rehabilitation program credit .....	_____				
<b>c</b> Development zone credits .....	_____				
<b>d</b> Economic development tax credit .....	_____				
<b>e</b> Elect and info tech man zone credit .....	_____				
<b>f</b> Employee college savings credit .....	_____				
<b>g</b> Enterprise zone jobs credit .....	_____				
<b>h</b> Jobs tax credit .....	_____				
<b>i</b> Manufacturing/agricultural credit .....	_____				
<b>j</b> Manufacturing investment credit .....	_____				
<b>k</b> Research credits .....	_____				
<b>l</b> Technology zone credit .....	_____				
<b>m</b> Total credits (add lines 6a through 6k) .....	_____				
<b>7</b> Other additions:					
<u>SEE STATEMENT</u> .....	930	_____	_____	_____	_____
<b>8</b> Total additions (add lines 1 through 7) .....	930	_____	_____	_____	_____

**Subtractions**

Ordinary Income

<b>9</b> Related entity expenses (from Schedule RT, Part II) .....	_____				
<b>10</b> Income from related entities whose expenses were disallowed .....	_____				
<b>11</b> Basis, section 179, depreciation and amortization differences .....	_____	_____	_____	_____	_____
<b>12</b> Amount WI basis of assets disposed of exceeds federal basis .....	_____	_____	_____	_____	_____
<b>13</b> Federal wage credits .....	_____				
<b>14</b> Federal research credit expenses .....	_____				
<b>15</b> Other subtractions:					
_____ .....	_____	_____	_____	_____	_____
<b>16</b> Total subtractions (add lines 9 through 15) .....	_____	_____	_____	_____	_____
<b>17</b> Total adjustments to Form 3, Schedule 3K, Column C .....	930	_____	_____	_____	_____

PARTNER# 1

**WI Partner's Share of Additions and Subtractions Worksheet**Form **3****2022**

For 2022, or taxable year beginning , and ending

Name  GAI VAPE LLC Partner's Name  WILLIAM GEHRKE	Federal Employer ID Number  83 3503153 Taxpayer Identification Number  XXX-XX-XXXX
--	---

**Additions:**

Ordinary Income

Rental Real Estate

Other Rental

Royalties

All Other Differences

1 State taxes accrued or paid					
2 Related entity expenses (from Schedule RT, Part I)					
3 Expenses related to nontaxable income					
4 Basis, section 179, depreciation and amortization differences					
5 Amount by which federal basis of assets disposed of exceeds Wisconsin basis					
6 Total additions for certain credits computed:					
a Business development credit					
b Community rehabilitation program credit					
c Development zone credits					
d Economic development tax credit					
e Elect and info tech man zone credit					
f Employee college savings credit					
g Enterprise zone jobs credit					
h Jobs tax credit					
i Manufacturing and agricultural credit					
j Manufacturing investment credit					
k Research credits					
l Technology zone credit					
m Total credits (add lines 6a through 6k)					
7 Other additions:					
SEE STATEMENT	465				
8 Total other additions (add lines 1 through 7)	465				

**Subtractions**

9 Related entity expenses eligible for subtraction					
10 Income from related entities whose expenses were disallowed					
11 Basis, section 179, depreciation and amortization differences					
12 Amount by which Wisconsin basis of assets disposed of exceeds federal basis					
13 Federal wage credits					
14 Federal research credit expenses					
15 Other subtractions:					
16 Total other subtractions (add lines 9 through 15)					
17 Total adjustments to Schedule 3K-1, Column C	465				

PARTNER# 2

**WI Partner's Share of Additions and Subtractions Worksheet**Form **3****2022**

For 2022, or taxable year beginning , and ending

Name  GAI VAPE LLC Partner's Name  HUNTER ARMS	Federal Employer ID Number 83 3503153 Taxpayer Identification Number XXX-XX-XXXX
---	---

	Ordinary Income	Rental Real Estate	Other Rental	Royalties	All Other Differences
<b>Additions:</b>					
1 State taxes accrued or paid	_____	_____	_____	_____	_____
2 Related entity expenses (from Schedule RT, Part I)	_____	_____	_____	_____	_____
3 Expenses related to nontaxable income	_____	_____	_____	_____	_____
4 Basis, section 179, depreciation and amortization differences	_____	_____	_____	_____	_____
5 Amount by which federal basis of assets disposed of exceeds Wisconsin basis	_____	_____	_____	_____	_____
6 Total additions for certain credits computed:					
a Business development credit	_____				
b Community rehabilitation program credit	_____				
c Development zone credits	_____				
d Economic development tax credit	_____				
e Elect and info tech man zone credit	_____				
f Employee college savings credit	_____				
g Enterprise zone jobs credit	_____				
h Jobs tax credit	_____				
i Manufacturing and agricultural credit	_____				
j Manufacturing investment credit	_____				
k Research credits	_____				
l Technology zone credit	_____				
m Total credits (add lines 6a through 6k)	_____				
7 Other additions:					
<u>SEE STATEMENT</u>	465	_____	_____	_____	_____
8 Total other additions (add lines 1 through 7)	465	_____	_____	_____	_____
<b>Subtractions</b>					
9 Related entity expenses eligible for subtraction	_____				
10 Income from related entities whose expenses were disallowed	_____				
11 Basis, section 179, depreciation and amortization differences	_____	_____	_____	_____	_____
12 Amount by which Wisconsin basis of assets disposed of exceeds federal basis	_____	_____	_____	_____	_____
13 Federal wage credits	_____				
14 Federal research credit expenses	_____				
15 Other subtractions:	_____				
16 Total other subtractions (add lines 9 through 15)	_____	_____	_____	_____	_____
17 Total adjustments to Schedule 3K-1, Column C	465	_____	_____	_____	_____

PARTNER# 1

## WI Law Partner's Schedule 3K-1 Activity Worksheet

Schedule **3K-1**

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

# 2022

Partnership Name

GAI VAPE LLC

Employer Identification Number

---

83 3503153

Partner's Name

WILLIAM GEHRKE

Taxpayer Identification Number

XXX-XX-XXXX

Activity Description	Activity Disposed	Schedule 3K-1 Passthrough		
		EIN	Entity Type	PTP
A VAPE STORE				
B				
C				

Schedule 3K-1							
Box	Description			A	B	C	
1	ORDINARY	BUSINESS	INCOME (LOSS)	48,556			

Schedule **3K-1**

# 2022

For calendar year 2022, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

GAI VAPE LLC

---

83 3503153

HUNTER ARMS

XXX-XX-XXXX

Activity Description	Activity Disposed	Schedule 3K-1 Passthrough		
		EIN	Entity Type	PTP
A VAPE STORE				
B				
C				

[illegible]

PARTNER# 1

Schedule <b>3K-1</b>		<b>WI Analysis of Ptr's 3K-1, Current Year Increase (Decrease) Wrksht</b>		<b>2022</b>
		For 2022, or taxable year beginning , and ending		
Partnership Name GAI VAPE LLC			Employer Identification Number 83 3503153	
Partner's Name WILLIAM GEHRKE			Taxpayer Identification Number XXX-XX-XXXX	

Items Included in Current Year Increase (Decrease):

SCHEDULE K ADDITIONS:

ORDINARY INCOME\LOSS

49,021

SUBTOTAL

49,021

SCHEDULE M-1 SUBTRACTIONS:

NONDEDUCTIBLE EXPENSES:

OFFICER'S LIFE INSURANCE

221

50% MEALS

465

SUBTOTAL

686

TOTAL PER SCHEDULE K-1, CURRENT YEAR INCREASE (DECREASE)

48,335

=====

PARTNER# 2

Schedule <b>3K-1</b>		<b>WI Analysis of Ptr's 3K-1, Current Year Increase (Decrease) Wrksht</b>		<b>2022</b>
For 2022, or taxable year beginning , and ending				
Partnership Name GAI VAPE LLC			Employer Identification Number 83 3503153	
Partner's Name HUNTER ARMS			Taxpayer Identification Number XXX-XX-XXXX	

Items Included in Current Year Increase (Decrease):

SCHEDULE K ADDITIONS:

ORDINARY INCOME\LOSS

49,021

SUBTOTAL

49,021

SCHEDULE M-1 SUBTRACTIONS:

NONDEDUCTIBLE EXPENSES:

OFFICER'S LIFE INSURANCE

220

50% MEALS

465

SUBTOTAL

685

TOTAL PER SCHEDULE K-1, CURRENT YEAR INCREASE (DECREASE)

48,336

=====

**Wisconsin Statements****Form 3, Page 5 - Ordinary Income Other Additions**

Description	Amount
50% MEALS	\$ 930
TOTAL	\$ 930

**Partner's Additions and Subtractions Worksheet, Line 7 - Other Additions Ordinary Income**

Description	Amount
50% MEALS	\$ 465
TOTAL	\$ 465

**Partner's Additions and Subtractions Worksheet, Line 7 - Other Additions Ordinary Income**

Description	Amount
50% MEALS	\$ 465
TOTAL	\$ 465



3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

# WI Asset Report

## VAPE STORE

Asset	Description	Date In Service	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
<b><u>Prior MACRS:</u></b>								
4	Fixtures & Equipment	6/19/19	10,781	0	10,781	0	0	0
5	APPLE COMPUTER	1/27/20	2,443	0	2,443	0	0	0
			<u>13,224</u>	<u>0</u>	<u>13,224</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b><u>Amortization:</u></b>								
2	Goodwill	6/19/19	310,000	310,000	53,389	20,667	20,667	0
3	Start-Up Expenses	6/19/19	27,541	27,541	4,938	1,836	1,836	0
			<u>337,541</u>	<u>337,541</u>	<u>58,327</u>	<u>22,503</u>	<u>22,503</u>	<u>0</u>
<b>Grand Totals</b>			350,765	337,541	71,551	22,503	22,503	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>350,765</u>	<u>337,541</u>	<u>71,551</u>	<u>22,503</u>	<u>22,503</u>	<u>0</u>

3878 GAI Vape LLC

83-3503153

**WI Future Depreciation Report**

**FYE: 12/31/23**

FYE: 12/31/2022

**VAPE STORE**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>WI</u>
<b><u>Prior MACRS:</u></b>				
4	Fixtures & Equipment	6/19/19	10,781	0
5	APPLE COMPUTER	1/27/20	<u>2,443</u>	<u>0</u>
			<u>13,224</u>	<u>0</u>
<b><u>Amortization:</u></b>				
2	Goodwill	6/19/19	310,000	20,666
3	Start-Up Expenses	6/19/19	<u>27,541</u>	<u>1,836</u>
			<u>337,541</u>	<u>22,502</u>
<b>Grand Totals</b>			<u>350,765</u>	<u>22,502</u>

3878 GAI Vape LLC

83-3503153

FYE: 12/31/2022

# WI Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>ACE</u>	<u>AMT Adjustments/ Preferences</u>
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**Additional ACE Information for Other Assets:**

Page 1	1	4	Fixtures & Equipment	0	0 *	0 s
Page 1	1	5	APPLE COMPUTER	0	0 *	0 s
				<u>0</u>	<u>0</u>	<u>0 s</u>

**Totals for ACE Depreciation Adjustment:**

AMT Depreciation Addback

0

ACE Depreciation Expense

0 s

\* - This asset has no values in AMT column, assume AMT = Tax Value  
s - Substituted applicable AMT or Tax data when ACE column is blank.



**GAI Vape LLC**  
**Statement of Assets, Liabilities and Equity**  
**Year Ended December 31, 2022**

**ASSETS**

**Current Assets**

101 - Cash On Hand	\$ 10,111.78	
102 - TriCity Checking - #0025	33,113.28	
103 - TriCity Checking - #0017	8,601.80	
125 - Inventory	<u>83,171.65</u>	
<b>Total Current Assets</b>		134,998.51

**Fixed Assets**

146 - Fixtures and Equipment	13,223.21	
149 - Accumulated Depreciation	<u>(13,223.21)</u>	
<b>Total Fixed Assets</b>		<u>0.00</u>

**Other Assets**

183 - Security Deposits	1,488.00	
187 - Goodwill	310,000.00	
188 - Start-up Expenses	27,541.42	
189 - Less: Amortization	<u>(80,829.34)</u>	
<b>Total Other Assets</b>		<u>258,200.08</u>

<b>Total Assets</b>	<u><u>\$ 393,198.59</u></u>	
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**LIABILITIES**

**Current Liabilities**

207 - Gift Cards	\$ 1,159.60	
210 - Note Payable - Current	35,000.00	
214 - Note Payable - Loan Builder	16,644.44	
218 - Credit Card Payable - Chase	22,570.94	
219 - Credit Card Payable - American Express	68,762.27	
236 - Sales Tax Payable	4,607.47	
237 - Expo/Stadium Tax Payable	<u>4.66</u>	
<b>Total Current Liabilities</b>		<u>148,749.38</u>

**Long-Term Liabilities**

264 - Note Payable - Byline Bank	272,652.76	
265 - Note Payable - JM&M Products LLC	11,107.27	
277 - Less: Note Payable - Current	<u>(35,000.00)</u>	
<b>Total Long-Term Liabilities</b>		<u>248,760.03</u>

<b>Total Liabilities</b>	397,509.41	
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**EQUITY**

**Equity**

286 - Capital	98,262.66	
290 - Drawing	(199,244.82)	
Net Profit/(Loss)	<u>96,671.34</u>	
<b>Total Stockholders' Equity</b>		<u>(4,310.82)</u>

<b>Total Liabilities and Stockholders' Equity</b>	<u><u>\$ 393,198.59</u></u>	
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See Accountants' Compilation Report

**GAI Vape LLC**  
**Statement of Revenues and Expenses**  
**ACTUAL - EBITDA**

	01/31/22	02/28/22	03/31/22	04/30/22	05/31/22	06/30/22	07/31/22	08/31/22	09/30/22	10/31/22	11/30/22	12/31/22	Total
<b>Sales</b>													
Sales	\$ 69,447	\$ 71,318	\$ 78,480	\$ 79,140	\$ 74,092	\$ 76,117	\$ 78,438	\$ 78,982	\$ 83,086	\$ 82,113	\$ 81,690	\$ 85,253	\$ 938,155
Sales Returns or Discounts	\$ (918)	\$ (952)	\$ (1,195)	\$ (1,020)	\$ (960)	\$ (1,089)	\$ (813)	\$ (1,039)	\$ (1,425)	\$ (1,362)	\$ (950)	\$ (958)	\$ (12,681)
<b>Total Sales</b>	<u>\$ 68,529</u>	<u>\$ 70,366</u>	<u>\$ 77,286</u>	<u>\$ 78,120</u>	<u>\$ 73,132</u>	<u>\$ 75,028</u>	<u>\$ 77,625</u>	<u>\$ 77,943</u>	<u>\$ 81,660</u>	<u>\$ 80,752</u>	<u>\$ 80,740</u>	<u>\$ 84,295</u>	<u>\$ 925,474</u>
<b>Cost of Goods Sold</b>													
Purchases	\$ 30,462	\$ 29,708	\$ 28,638	\$ 31,548	\$ 35,813	\$ 32,203	\$ 31,081	\$ 30,777	\$ 31,492	\$ 36,632	\$ 39,732	\$ 51,125	\$ 409,211
<b>Total Cost of Goods Sold</b>	<u>\$ 30,462</u>	<u>\$ 29,708</u>	<u>\$ 28,638</u>	<u>\$ 31,548</u>	<u>\$ 35,813</u>	<u>\$ 32,203</u>	<u>\$ 31,081</u>	<u>\$ 30,777</u>	<u>\$ 31,492</u>	<u>\$ 36,632</u>	<u>\$ 39,732</u>	<u>\$ 51,125</u>	<u>\$ 409,211</u>
<b>Gross Profit</b>	<u>\$ 38,067</u>	<u>\$ 40,658</u>	<u>\$ 48,648</u>	<u>\$ 46,572</u>	<u>\$ 37,319</u>	<u>\$ 42,824</u>	<u>\$ 46,544</u>	<u>\$ 47,166</u>	<u>\$ 50,168</u>	<u>\$ 44,120</u>	<u>\$ 41,008</u>	<u>\$ 33,170</u>	<u>\$ 516,263</u>
<b>Operating Expenses</b>													
Management Fees	\$ -	\$ 20,000	\$ -	\$ -	\$ 3,000	\$ -	\$ -	\$ 3,000	\$ 1,000	\$ 6,500	\$ -	\$ 4,000	\$ 37,500
Contracted Services	\$ -	\$ 2,767	\$ -	\$ 750	\$ 1,080	\$ 863	\$ -	\$ -	\$ 185	\$ -	\$ -	\$ -	\$ 5,645
Freight & Postage	\$ 40	\$ 118	\$ 18	\$ 68	\$ 68	\$ 68	\$ 87	\$ 68	\$ 165	\$ 68	\$ 93	\$ 68	\$ 929
Gross Wages	\$ 11,283	\$ 11,214	\$ 11,290	\$ 13,198	\$ 12,480	\$ 13,526	\$ 19,472	\$ 12,730	\$ 13,469	\$ 12,946	\$ 13,954	\$ 21,824	\$ 167,387
Rent	\$ 2,717	\$ 2,717	\$ 2,717	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 2,754	\$ 32,935
Utilities	\$ 736	\$ 776	\$ 787	\$ 844	\$ 671	\$ 670	\$ 696	\$ 691	\$ 812	\$ 707	\$ 624	\$ 684	\$ 8,699
Telephone	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 106	\$ -	\$ 306	\$ 106	\$ 106	\$ 1,342
Repairs & Maintenance	\$ 219	\$ 95	\$ 489	\$ 208	\$ 140	\$ 92	\$ 725	\$ 302	\$ 801	\$ 243	\$ 90	\$ 90	\$ 3,494
Advertising & Promotion	\$ 65	\$ 65	\$ 584	\$ 68	\$ 67	\$ 66	\$ 250	\$ 85	\$ 1,025	\$ 67	\$ 230	\$ 70	\$ 2,644
Insurance	\$ 1,524	\$ 6,211	\$ 1,524	\$ 1,524	\$ 685	\$ 4,726	\$ 1,882	\$ 1,841	\$ 2,120	\$ 1,979	\$ 2,263	\$ 2,691	\$ 28,970
Officer's Life Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 441	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 441
Travel & Lodging	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,600	\$ (773)	\$ -	\$ 1,826
Meals	\$ 62	\$ 307	\$ 60	\$ 382	\$ 419	\$ 201	\$ 102	\$ 71	\$ -	\$ -	\$ 63	\$ 191	\$ 1,859
Property Taxes	\$ 457	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 457
FICA Tax	\$ 863	\$ 858	\$ 864	\$ 1,010	\$ 955	\$ 1,035	\$ -	\$ 974	\$ 1,030	\$ 990	\$ 1,068	\$ 1,670	\$ 11,315
Unemployment Tax	\$ 127	\$ 81	\$ 44	\$ 30	\$ 20	\$ 14	\$ 1,500	\$ 3	\$ 3	\$ 2	\$ 2	\$ 2	\$ 1,829
Vehicle Expenses	\$ -	\$ -	\$ -	\$ 26	\$ 117	\$ -	\$ 57	\$ -	\$ -	\$ -	\$ 72	\$ 241	\$ 514
Vehicle Lease	\$ 1,182	\$ 1,182	\$ 1,182	\$ 1,182	\$ 776	\$ 776	\$ 776	\$ 776	\$ 776	\$ 776	\$ 776	\$ 776	\$ 10,933
Legal & Accounting	\$ 2,931	\$ 1,264	\$ 916	\$ 1,797	\$ 6,709	\$ 1,199	\$ 658	\$ 618	\$ 686	\$ 618	\$ 618	\$ 5,971	\$ 23,985
Office Expense	\$ 301	\$ 1,141	\$ 490	\$ 695	\$ 562	\$ 750	\$ 531	\$ 635	\$ 649	\$ 1,215	\$ 329	\$ 572	\$ 7,869
Bank & Credit Card Fees	\$ 1,498	\$ 1,260	\$ 1,298	\$ 1,395	\$ 1,431	\$ 1,377	\$ 1,451	\$ 1,441	\$ 1,478	\$ 1,888	\$ 1,550	\$ 1,573	\$ 17,640
<b>Total Operating Expenses</b>	<u>\$ 24,108</u>	<u>\$ 50,158</u>	<u>\$ 22,366</u>	<u>\$ 26,035</u>	<u>\$ 32,037</u>	<u>\$ 28,659</u>	<u>\$ 31,044</u>	<u>\$ 26,094</u>	<u>\$ 26,953</u>	<u>\$ 33,659</u>	<u>\$ 23,817</u>	<u>\$ 43,283</u>	<u>\$ 368,214</u>
<b>Net Income (Loss)</b>	<u>\$ 13,959</u>	<u>\$ (9,500)</u>	<u>\$ 26,282</u>	<u>\$ 20,536</u>	<u>\$ 5,282</u>	<u>\$ 14,165</u>	<u>\$ 15,500</u>	<u>\$ 21,072</u>	<u>\$ 23,215</u>	<u>\$ 10,460</u>	<u>\$ 17,191</u>	<u>\$ (10,113)</u>	<u>\$ 148,049</u>